RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2017 OCT 18 AM 9:59

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Livia Lam Name of Traveler:	
Employing Office/Committee:	
The Aspen Instit	
August 28-29, 2017	
	orm; Amended RE-2 Form; PSTCF (complete copy)
·	•
	Post-travel submission
Purpose of Amendment (describe the reason for nust be amended with the Office of Public	
	<u> </u>
. " -	
-	
10-17-17	AMA
(Date)	(Signature of Traveler)

(Revised 1/3/2011)

Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

(Revised 1/3/11)

2017 OCT 18 AM 9: 59

Form RE-2

In compliance with Rube reimbursed/paid for		-	sures with respect to	travel expenses that have been or wi	
		rization (Form RE-1), A		ry, invitee list, etc.)	
Private Sponsor(s) (list	all): Aspen Institut	e			
Travel date(s):	<u>-</u>	<u>. </u>	<u> </u>		
Name of accompanyin Relationship to Travelo	<u> </u>		<u>. </u>		
	OSTS IN EMPLOYEE	EASE DUE TO THE ACC EXPENSES. (Attach addit		ISE OR DEPENDENT CHILD, ONLY ry.)	
	Transportation Expenses	Lodging Expenses	Meal Expenses	. Other Expenses (Amount & Description)	
☑ Good Faith Estimate □ Actual Amount	\$500.00	\$134.00	\$103.50	\$173.14 (mtg room and incidentals)	
		1 4 671 11 1 (16 11	1.1.		
Expenses for Accomp	· · · · · · · · · · · · · · · · · · ·	ependent Child (if application Lodging Expenses	Meal Expenses	Other Expenses	
	Transportation Expenses	Loughig Expenses	With Expenses	(Amount & Description)	
☐ Good Faith Estimate					
☐ Actual Amount			·		
Provide a description necessary.):	of all meetings and ev	vents attended. See Senat	te Rule 35.2(c)(6). (Attach additional pages if	
10-17-17	LIVIA	LAM		1	
(Date)	(Printed	name of traveler)		(Signature of traveler)	
TO BE COMPLETE	D BY SUPERVISING	MEMBER/OFFICER:			
l have made a determing Authorization form, and	nation that the expense re necessary transporta	es set out above in conne tion, lodging, and relate	ections with travel de d expenses as define	escribed in the <i>Employee Pre-Travel</i> ed in Rule 35.	
10-17-17			tatty	Muna	
(Date)	(Signature of Supervising Senator/Officer)				